POSITION	INITIALS	ID NO.	DATE			
FEE DETERMINATION	5	27245				
O.I.P.E. CLASSIFIER		2	10-00-9			
FORMALITY REVIEW		69300	77 7 9			

## INDEX OF CLAIMS

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	(Through numeral) Canceled		Appeal
÷	Restricted		Objected

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If more than 150 claims or 10 actions staple additional sheet here

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